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|--|--------------|--------------------------|---|--|
| Under the Appendix Reduction Act of 1995, no person  TRANSMITTAL |              | Application Number       | 10/622,746  |  |
|  |              | Filing Date              | July 21, 2003   |  |
| FORM   |              | First Named Inventor     | Kenji Ikeda   |  |
|  |              | Art Unit                 | 1755  |  |
| (to be used for all correspondence after initia                  | ıl filing)   | Examiner Name            | Veronica F. Faison  |  |
| Total Number of Pages in This Submission 16                      |              | Attorney Docket Number   | FSF-03511   |  |
|  | ENC          | LOSURES (Check all       | that apply)   |  |
| ✓ Fee Transmittal Form   |              | Drawing(s)               | After Allowance Communication to TC   |  |
| Fee Attached   |              | Licensing-related Papers | Appeal Communication to Board of Appeals and Interferences  |  |
| √ Amandmant/Ranky  |              | Petition                 | Appeal Communication to TC  |  |

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| <b>✓</b>                              | Fee Trans  | smittal Form   |                                       | Drawing(s)  |           |          | After Allowance Communication to TC   |
|                                       | ☐ F  | ee Attached  |                                       | Licensing-related Papers  |           |          | Appeal Communication to Board of Appeals and Interferences  |
|                                       | Extension Express A Information Certified Cocumen Reply to N Incomplet | Iter Final  Ifidavits/declaration(s)  If of Time Request  Abandonment Request  In Disclosure Statement  Copy of Priority | ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ | Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondenc Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on | e Address |          | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below): |
|                                       |  | SIGNA  | TURE                                  | OF APPLICANT ATT  | ORNEY O   | R AGI    | ENT   |
| Firm N                                | SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name                   |  |                                       |   |           |          |   |
|                                       | Taiyo, Nakajima & Kato   |  |                                       |   |           |          |   |
| Signati                               | mature Margaret a. Banke   |  |                                       |   |           |          |   |
| Printed                               | l name   | Margaret A. Burke  |                                       |   |           |          |   |
| Date 24 December 2004 Reg. No. 34,474 |  |  | 74                                    |   |           |          |   |
|                                       |  |  |                                       |   |           |          | · ·   |

| CERTIFICATE OF TRANSMISSION/MAILING |  |  |  |  |  |  |  |
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|                                     | transmitted to the USPTO or deposited with the United States Postal Service with sed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on |  |  |  |  |  |  |
| Signature                           |  |  |  |  |  |  |  |
| Typed or printed name               | Date   |  |  |  |  |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ion Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/622,746 Application Number TRANSMIT Filing Date July 21, 2003 For FY 2005 First Named Inventor Kenji Ikeda **Examiner Name** Veronica F. Faison Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1755 TOTAL AMOUNT OF PAYMENT (\$) 2390.00 FSF-03511 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check I Credit Card None I Other (please identify): → Money Order Deposit Account Name: TAIYO, NAKAJIMA & KATO For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

## ✓ Deposit Account Deposit Account Number: 501322 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 250 200 100 Design 200 100 100 130 50 65 Plant 200 160 100 300 150 80 300 600 Reissue 150 500 250 300 **Provisional** 200 100 0 0 0 O **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 180 Multiple dependent claims 360 **Total Claims** Extra Claims **Multiple Dependent Claims** Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets Fee (\$) Total Sheets - 100 = \_ (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

| Other (e.       | 2390                  |  |                        |
|-----------------|-----------------------|--|------------------------|
| SUBMITTED BY    |                       |  |                        |
| Signature       | Marsant a. Burko,     | Registration No. (Attorney/Agent) 34,474 | Telephone 703-416-0376 |
| Name (Print/Typ | De) Margaret A. Burke |  | Date 24 Secember 2004  |

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